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120 SOUTH LA SA SUITE 1600	BIN AND FLANN	ERY	Ce	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
CHICAGO, IL 606	U3-34U0					(Depositor's name)			
				**************************************		(Signature)			
						(Date)			
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/035,039	12/28/2001	Brian K. Classo		Classon	CR00312M(72464)	9174			
TITLE OF INVENTION: AL	DAPTIVE TRANSMISSION	N METHOD							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400		\$300	\$1700	10/06/2006			
EXAMINER		ART UNIT		CLASS-SUBCLASS					
TRAN, KHANH C		2611		375-260000					
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Motorola,				haumburg, Illinoi					
Please check the appropriate	assignee category or categor	ries (will not be pri	inted on the pa	atent): 🔲 Indiviđual 🔕 C	orporation or other private gr	oup entity Government			
ia. The following fee(s) are established fee Standard Fee Advance Order - # of	nall entity discount permitte	d)	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502117 (enclose an extra copy of this form).						
5. Change in Entity Status (a. Applicant claims SM	from status indicated above)		ant is no longer claiming SMA					
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Authorized Signature	1/1//			Date	08-24-0	06			
Typed or printed name	Kenneth A. Haa	s		Registration ?	vo. 42,614				
This collection of information in application. Confidentialit submitting the completed app	is required by 37 CFR 1.31 y is governed by 35 U.S.C. blication form to the USPTO	1. The information 122 and 37 CFR 1 D. Time will vary	n is required t 1.14. This coll depending up	o obtain or retain a benefit by the lection is estimated to take 12 on the individual case. Any constitution officer ILS Patent and	the public which is to file (an minutes to complete, includir ormments on the amount of time	d by the USPTO to process) ng gathering, preparing, and me you require to complete			

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CHICAGO, IL 6060)3-3406					(Depositor's same)		
						(Signature)		
						(Date)		
APPLICATION NO. FILING DATE		1	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/035,039	12/28/2001	Brian K. Classo			CR00312M(72464)	9174		
APPLN, TYPE	SMALL ENTITY	ISSUE FE	BE PI	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
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	RESIDENCE DATA TO BE				aa in idaasistad kalone ska .	dammant him base filed for		
recordation as set forth in	an assignee is identified beloas of CFR 3.11. Completion of	this form is NOT	ata will appear on the substitute for filing	ne patent. It an assign g an assignment.	se is identified below, the t	document has been filed for		
(A) NAME OF ASSIGNE	E		(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Motorola,				ourg, Illinoi				
Please check the appropriate a	assignee category or categoric	s (will not be pri	nted on the patent):	☐ Individual 🚨 Co	rporation or other private gr	roup entity Government		
la. The following fee(s) are e	nclosed:		Payment of Fee(s):		James			
				check in the amount of the fee(s) is enclosed. yment by credit card, Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502117 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above)							
a. Applicant claims SM	IALL ENTITY status. See 37		• • • • • • • • • • • • • • • • • • • •		L ENTITY status. See 37 C			
The Director of the USPTO is NOTE: The Issue Fee and Pul nterest as shown by the recor	s requested to apply the Issue blication Fee (if required) wi ds of the United States Paten	Fee and Publicati I not be accepted and Trademark	ion Fee (if any) or to from anyone other t Office.	re-apply any previously nan the applicant; a regi	y paid issue fee to the applic stered attorney or agent; or t	ation identified above. he assignee or other party in		
Authorized Signature	1/1/1/			Date	08-24-6	06		
Typed or printed name Kenneth A. Haas				Registration N	o. 42,614	, M. p		
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